



ASSISTING CUSTOMERS WITH FLUCTUATING INCOME

Projected Annual Income Attestation Form

- Customers with fluctuating income (e.g. seasonal, contractors) will be able to use the Projected Annual Income Confirmation Form to verify their income when no other verification is available.
- The form should only be used if Connect for Health Colorado is unable to electronically verify the customer's income AND the customer is unable to manually verify their income due to an expected change during the year.
- Submitting this form can be done in any of these three ways:
 - **Upload** a copy of the document to a customer's Connect for Health Colorado account
 - **Fax** a copy of the document
 - **Mail** a copy of the document to Connect for Health Colorado

Projected Yearly Income Confirmation Form

After you finish your application for health insurance, we might ask you to submit documents to confirm or add to information on your application to make sure you are getting the right amount of financial help. For customers who expect their household's income to change during the year, this form helps you explain and confirm those changes.

Step 1. Provide your account information

Full Name of Account Holder:

Date of Birth:

Connect for Health Colorado Account #:

Mailing Address:

Email Address:

Phone Number:

Step 2. Review your income

- I have reviewed the projected annual income and current income sources in my most recent Connect for Health Colorado application. I understand this amount is used to determine how much financial help I can get and will affect my federal income tax return.
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Step 3. Provide an explanation

Please provide an explanation here of the change in circumstances that occurred (or that you reasonably expect to happen during the year), and how you expect your income to change. Please be specific.

Step 4. Agree and sign

PLEASE READ CAREFULLY: ONLY USE THIS FORM IF YOU UNDERSTAND THE POSSIBLE FINACIAL IMPLICATIONS OF MISREPORTING INFORMATION.

By signing this form, I agree:

- I am aware of the potential tax liability for my household if the income I gave in my application is different than the income on my federal income tax return.
 - **If the income information that I list on this form and in my application is different than the income that I actually receive and report on my federal income tax returns, I understand that I may be required to pay back some or all of the financial help I receive.**
- I have carefully reviewed my Connect for Health Colorado account and application and all information is true and correct to the best of my knowledge.
- The information in my application will be used to assess if I qualify for Premium Tax Credits (lower monthly costs) and/or Cost-Sharing Reductions (lower out-of-pocket costs).
- It is my responsibility to **update my application within 30 days if any information in my application changes**, including household size, income and living situation.
 - If my income changes and no longer matches what I list on this form, I understand that it is my responsibility to report that change to Connect for Health Colorado. I understand that the Internal Revenue Service (IRS) will seek repayment of any excess benefit that I receive.
- This form must be returned by the due date I was given by Connect for Health Colorado to provide proof of my household's annual income.
- Information on this form may be checked by electronic data sources and/or the Connect for Health Colorado Verification Department.
- If I provide wrong information on this form on purpose, I may not qualify for financial help in the future.

Primary Tax Filer's Signature:

Date:

Secondary Tax Filer's Signature:

Date:

Next Steps

1. Send us this **signed** Projected Annual Income Attestation form:

- Upload your signed form to “My Documents” in your Connect for Health Colorado account.
- Fax a copy to 855-346-5175
- Mail a copy to:

Connect for Health Colorado
Verifications
P.O. Box 35681
Colorado Springs, CO 80935

2. The Connect for Health Colorado Verifications Department will review your form **within X days/weeks** and notify you when it is approved.
3. **Report any changes to us if your household size, income or living situation change after you submit this form.**

Thank you for doing business with us. We are committed to making sure you are getting the right amount of financial help when you shop for health insurance through our Marketplace.

Questions

If you do not understand this form or have questions about sending in documents, call us at 855-PLANS-4-YOU. You can also reach out to your certified broker or certified health coverage guide, if you have one.